UNDERSTANDING AND ADDRESSING THE CONCURRENT NEEDS OF FAMILIES LIVING WITHIN THE COLIN AREA:
A secondary analysis of Colin Early Intervention Community Report Card data.

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BACKGROUND

In the Spring of 2017, the Children’s Research Network for Ireland and Northern Ireland (CRNINI) sought applications from prospective researchers to undertake secondary data studies as part of a wider archiving project originating in the Prevention and Early Intervention Initiative (PEII) funded by Atlantic Philanthropies. The aim of the archiving initiative was to add further value to Atlantic’s investment into 52 Prevention and Early Intervention programmes in Ireland and Northern Ireland between 2004 and 2015 and preserve evaluation research data accessible for further use, via the national data archives (ISSDA, IQDA and UKDA).

In September 2017, an established research team based in Queen’s University Belfast was awarded a contract to undertake a review of Report Card data collected as part of the Colin Early Intervention Community (CEIC).

The CEIC is led by the Colin Neighbourhood Partnership (CNP) and is made up of a range of other statutory, community and voluntary agencies such as the South Eastern Health and Social Care Trust, Barnardo’s NI, Colin Counselling and Sure Start.

Following its formal establishment in May 2011 the Colin Early Intervention Community (CEIC) was formally recognised as a Locality Planning Group in mid-2012 linked to the Children and Young People’s Strategic Partnership Board in Northern Ireland (CYPSP) (NCBNI, 2015).

Since its inception, the CEIC aimed to strategically deliver a range of interventions in order to enhance and improve the outcomes experienced by those living in the Colin area of outer West Belfast.

Details were reviewed for families who engaged in these interventions using routinely collected data. The data analysed were for a smaller number of interventions between the period January 2016 and September 2017.

This retrospective secondary data study aimed to identify the extent to which families engage in multiple interventions in order to address or seek support with the range of issues or challenges they experience (see Table 1). Using secondary data taken from the CEIC over a period of two years, this report outlines the process by which that data was collected and analysed as well as the findings that emerged as a result of that analysis.

To our knowledge, this is the first study that has attempted to understand if and how multiple interventions are implemented within the same programme by different organisations for the same families to address concurrent issues within those families.

<table>
<thead>
<tr>
<th>Overall Research Question:</th>
<th>Do families access multiple interventions concurrently to address different issues family members experience?</th>
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<tbody>
<tr>
<td>Specific Research questions</td>
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<tr>
<td>1. How many families have benefitted from services within CEIC programme?</td>
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<td>2. What are the reasons for referral and pathways into the programme?</td>
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<td>3. What proportion of these engage in multiple services?</td>
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<td>4. How are decisions taken around who engages in which intervention and when?</td>
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INTRODUCTION

There are few studies that have had the opportunity to access and analyse the datasets developed as a result of service provision within the community and voluntary sector in Northern Ireland. The reality for many community and voluntary programmes is that their existence depends on funding and that funding is usually as a result of short term statutory investment in local areas or into thematic areas situated within policy.

As policy shifts and investment is often fluid, community programmes can be at greater existential risk than those within the statutory sectors. This may be one reason why access to raw data has been historically difficult to achieve. Within this programme however, CEIC and in particular CNP demonstrated a willingness to engage in the study in order to enhance their own delivery and ultimately improve outcomes for the people they serve. This transparency and culture of improvement appears embedded within the programme and demonstrates to the wider sector that data can and should be a resource to improve the quality of practice and data driven decisions can help to ensure those who need support the most get it in the way they need it, when they need it and in a way that is underpinned by objective evidence.

FAMILY SUPPORT

Previous reviews of projects defined as whole family support services have found that family members often experienced multiple issues but responses to those issues varied greatly and were often bespoke lacking a strong evidence base (Batty, 2014). To address these significant, and sometimes chronic, social issues there has been an explosion of interest around ‘what works’ (Olsson, 2010) over recent years to improve outcomes for children, young people and their families who experience adversity (Fixsen, et al, 2005).

As a result, evidence based models/programmes, underpinned by robust empirical data, with significant potential for replicability have grown exponentially. These evidence based models have been implemented alongside ‘homegrown’ and evidence informed approaches with the aim of enhancing outcomes for specific populations (Walsh & Doherty, 2016). So whilst there has been a growth in approaches (Mihalic, 2007) designed to positively address some of these complex social issues (Fixsen et al, 2005) and improve child and family outcomes, these are normally targeted at a specific and well defined issues and delivered in isolation from other interventions (Aarons & Palinkas, 2007).

The reality, as we know, is that families are complex systems comprising of individuals, who live and work and interact in even more complex systems and their needs are not routinely defined in ways that acknowledge these complexities (Guastaferro et al, 2017). Practitioners understand that for many families, crises can arise at any time and often exacerbate pre-existing challenges. These might include a range of practical issues but also more complex psycho-social challenges. Financial issues can be common but some families also experience trauma, abuse, addictions, incarceration and ill health amongst other things (Lee et al, 2017). And some families experience more than one issue at any given time. Another review found that families engaged in an intensive support service in Northern Ireland experienced an average of four issues concurrently (Walsh & Doherty, 2016). In order to address such complexity support is needed on the basis of need with those at risk being identified and supported at an earlier stage.
Early intervention is central to family support and a critical ingredient within community based intensive support programmes (Devaney & Dolan, 2014). In NI, the Early Intervention Transformation Programme (EITP) aimed to equip all parents with the skills needed to give their child the best start in life and support families when problems first emerge and a focus on outcomes and evidence. The programme is underpinned by a focus on early intervention, the use of best evidence (CYPSP, 2014). As prospective and retrospective studies are increasingly demonstrating, intervening late is costlier and the rate of return declines as the children get older (Allen, 2010).

The World Health Organisation has conceptualised early intervention and prevention as a combination of universal, secondary as well as tertiary approaches. Universal approaches aim to prevent issues before they occur; secondary approaches focus on those who are at the highest risk; and tertiary prevention include approaches that focus on people with chronic issues (Fitzgerald et al 2000). One issue within early family support is that these aren’t mutually exclusive. As we know, risks can be exacerbated by existing issues therefore early intervention can be both therapeutic (address current issues) and preventative (mitigating risk for future issues). Policy changes since the 1990’s reflect this with a shift in focus away from isolated working and towards whole family and integrated services (Malin et al, 2014) with emphasis on prevention as well as early intervention (Lonne et al., 2009; Munro, 2011). Malin et al (2014) suggest that within these whole family, early intervention models, there are observable and measurable stages. These include: pathways into a particular project; engagement of a family; selection of a worker (or intervention); comprehensive and functional assessment; multi- professional decision making; the development of a coherent plan; and finally exit planning.

CEIC set out in 2011 with a vision that organisations would work differently, be more coordinated and strategic resulting in improved outcomes for children, young people and families in the Colin area. To achieve this vision, all programmes/services receiving CEIC funding are being scrutinised on an ongoing basis to ensure that services/programmes are implemented in a timely manner; have a robust framework in place to measure outcomes and impact on their client community; and continually measure the impact they are having on client groups and reflect on their own practice in response to this.

In addition, a key aim of CEIC is to encourage service providers and other stakeholders to work more collaboratively in the Colin area to improve outcomes. The collection of data and reporting of outcomes was designed using an Outcomes Based Accountability (OBA) (Friedman, 2005). Report Cards are a central output of the OBA framework and are developed periodically to demonstrate the outcomes and impact of an intervention. They are based upon three questions: how much did we do; how well did we do it; and is anyone better off as a result?
METHODS

In the fields of epidemiology and public health, secondary studies are the collection and analysis of data that has been collected by someone else for a different purpose (Boslaugh, 2007). As advances in technology and service provision converge, we are finding that there has been an exponential growth of data available. Despite this growth, few datasets that exist within the community and voluntary sector have been made available for further or additional analysis. As a result, secondary data analysis is an underused but potentially effective approach. Some of the key benefits include the reduced resource implications (both financial and human) in gathering new data; the capacity to review multiple datasets and potential to enhance the knowledge base of an issue via aggregated data; and enhance the quality of findings via an objective review of the original data. During preliminary discussions with the gatekeeper, it was established that participants within the CEIC interventions had provided consent for their data to be reviewed. This consent was not limited to the report card process but included other forms of evaluation that the CEIC felt to be appropriate. It was also established that the raw data that would be made available contained no personal or identifiable details. As a result, ethical issues related to consent were mitigated.

The first step in the process was to review the data. Becoming familiar with the data is a critical step in understanding the utility of the information and what subsequent steps need to be taken in order to answer the research question.

The second step in the process was to identify a method of standardising the data so that different service users could be linked across programmes. CNP established a coding system during 2016. This was evident in several datasets and therefore chosen as the cut-off for the data that would be reviewed. It was also apparent that not all interventions used this coding system even within the defined time frame. Some interventions used their own bespoke system of coding and others used a system that could be tracked across.

During the third step, in an attempt to link data that was not easily tracked, other identifiers were explored (such as postcodes). However, this was not feasible and a decision was taken to exclude some of the interventions from this study.

The fourth step was to isolate the relevant datasets and become familiar with the data being used. This involved reviewing measures being reported on and sourcing their instructions for use. Each intervention used different measures (see Table 2). Some were standardised and others were not. Familiarisation with the clinical tools as well as with the interventions was a critical step prior to recoding.

The fifth step aimed at targeting the data that was available, the data that needed re-coded and the development of a new dataset.

The sixth step involved analysis of that data and the findings are reported below.

The details of 207 families were collated from the Report Card raw data.

These families were able to be cross referenced across 4 interventions all of which were delivered by CNP (see table 2).
The data was analysed using SPSS Version 22 (SPSS, 2013). Descriptive statistics show the means, standard deviation and range across all variables. Independent samples t-tests were used to compare means between variables of interest. Cross-tabulations were used to compare categorical data and Chi-square tests of independence were used to explore statistical relationships between them.

FINDINGS

It was unfortunate that a significant number of the interventions were unable to be included in the review and that even within the four interventions identified, the review period was limited due to inconsistent coding of participants within the programmes. This is a critical limitation but also an interesting observation in relation to how programmes, comprising of distinct entities or organisations share and review data being collected over time.

The CEIC programme comprises of different but complementary intervention components (see Table 3) aimed at improving outcomes for the population in the Colin area. One of the key strengths of the programme is that a reduction in service duplication is possible and the commissioning of interventions is strategically coordinated based on resources available, evidence of need and the potential impact of the interventions. Some of these interventions focus on the whole family, others solely on parents, and others children or young people. The mode of delivery also varies between individual and group work, an important factor in recruitment and retention. This suggests that despite similarities, each intervention was positioned to address variability within families and respond.

All interventions had a theoretical and evidential framework underpinning the delivery. Some had a well-defined specific evidence base and others were informed by evidence. In general, standardised and validated measures were used to demonstrate an impact between baseline and endpoint. This is relatively unusual within the community and voluntary sector, as is the analysis of this data. As already mentioned, the Outcome Based Accountability (OBA) framework was chosen as the preferred option for demonstrating outputs, outcomes and impact and as such, the collection and analysis of this data is very much facilitated within the context of this framework.

There is some evidence however that the measures that the programme are asked to use by the commissioners could be used more effectively. Following a recoding and analysis of one scale, the baseline scores for those within an intervention found that although a small majority (54%, n=36) started the intervention with either a ‘serious problem’ or ‘problem’ area, a significant minority (46%, n=30) started the intervention below clinical threshold levels. This information may help CEIC to consider whether or not they are reaching the intended population or whether another measure should be used. Exploring data from another scale, only 13% of participants were below the clinical threshold at baseline. This indicates that in some cases, either the measures are not adequately capturing the level or nature of need being experienced or the measures are not being used in a way to screen participant need.

Table 2:
Overview of interventions reviewed

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Partner</th>
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<tr>
<td>Partnership with Parents (PWP)</td>
<td>CNP</td>
</tr>
<tr>
<td>Incredible Years (IY)</td>
<td>CNP</td>
</tr>
<tr>
<td>Mentoring for Achievement Project (MAP)</td>
<td>CNP</td>
</tr>
<tr>
<td>Strengthening Families</td>
<td>CNP</td>
</tr>
</tbody>
</table>

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BLENDED FAMILIES

The preliminary analysis suggests that there is a sizeable minority engaged in more than one programme. In fact, 18% (n=38) of families within the selected interventions and within the specific time period (Jan 16-Sept 17) engaged in multiple programmes. For those who engaged in more than one programme, the figure ranged between 2 and 4 with the average being 2.22. Families engaging in parenting support programmes appear to have been more likely than individually focused models to engage in multiple programmes. For example, 66% (n=25) of those who engaged in multiple interventions engaged in PWP compared with only 28% (n=48) of parents engaged in a single intervention. The same pattern was found with SF. 42% (N=16) of families who engaged in multiple interventions also engaged in SF compared with only 4% (n=6) of families who engaged in a single project.

REFERRAL INFORMATION

Few of the families had documented referral information and when this was available, the criteria was not well established and the pathway into the intervention/s was not clear. Interestingly, families who had documented referral information were more likely to engage in multiple interventions than those for whom there was no documented referral information. Comparison of means between those with referral information (m=1.48) and those without (m=1.11) illustrated that this was at the point of statistical significance (t, 73 =3.6, p=.001).

COMPLETERS

Those who engaged in more than one intervention were less likely to leave an intervention early. For instance, 12% (n=20) of those who engaged in only one intervention left their intervention without any demonstrable evidence of partial or full completion. On the other hand, only 3% (n=1) of those who completed more than one intervention left the intervention without any evidence of engagement.
OUTCOMES

Both families who engaged in blended and non-blended interventions experienced positive outcomes by the end of their support.

This analysis is limited by the fact that some families had not completed one or more interventions by the point data was being collected and it is further limited by the fact that who engaged in blended approach could be obscured by the limited time frame covered in this study. That is, some family members could have logically engaged in interventions prior to the data collection period. Of the data reviewed, there was a smaller number of families not in the blended cohort who fully achieved their outcomes at endpoint compared to those in a blended environment (see Table 4). However, this was marginal and not at the point of statistical significance. Interestingly, families who were not receiving blended interventions were less likely than those in a blended environment to at least partially achieve their outcomes and more likely to not achieve outcomes at all. This was at the point of statistical significance ($X^2 (2, n=207)=12.58, p=<.01$).

### Table 4

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<thead>
<tr>
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<th>Fully achieved outcomes (%)</th>
<th>Did not achieve outcomes (%)</th>
<th>Partially achieved outcomes (%)</th>
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<tbody>
<tr>
<td>Blended</td>
<td>36</td>
<td>25</td>
<td>39</td>
</tr>
<tr>
<td>Non-blended</td>
<td>44</td>
<td>42</td>
<td>14</td>
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</table>

KEY THEMES

**Blended models offer a viable conceptual framework to design complex services**

Given the community profile it is evident that there exists significant need. Some families living in Colin are likely to experience one or more significant social issue. We know from Census data and other official statistics that the four communities that make up Colin have historically been characterised as experiencing multiple levels of deprivation. Logically therefore, there are some families who may experience more than one complex issue at any point and we know from other empirical studies that the cumulative effect exacerbates already complex issues. It has been proposed that single issue interventions (e.g. that attend to parenting practices) are not, and cannot be sufficiently designed to address other concurrent issues. Therefore, blended models in which interventions are simultaneously implemented provide a conceptual framework to design complex services and potentially enhance outcomes that some families experience.

The CEIC programme provides some evidence that for families with chronic and complex needs, blending interventions could provide a platform for greater strategic delivery and coherent coordination. It appears that in some cases, families receive more than one intervention however the data does not demonstrate if or how decisions are made in a joined up way between the various organisations. Therefore there is a need for a fuller process evaluation to unpack some of the coordination questions.

**Data driven environments can reduce complexities that are experienced within services**

CEIC is designed and delivered within a complex human service environment. This work is difficult and the implementation is complex. The programme consists of various independent organisations; practitioners delivering a range of evidence based and evidence informed interventions where fidelity and quality are paramount; where practitioners interface with families who are experiencing great difficulty and decisions need to be taken about their care or support; Additionally, all stakeholders are operating in a funded environment where outputs are required and funding is insecure. This combination of strategic, operational and commissioning obligations creates a more complex environment than routine service provision. Therefore, the collection of relevant and timely data is essential. Given the potential risks, the real time decision making that takes place, and the requirement for staff to be informed by evidence, data driven
Understanding and addressing the concurrent needs of families living within the Colin area: A secondary analysis of Colin Early Intervention Community Report Card data.

decision making is required. There currently exists a culture across the community and voluntary sector that data collection is a requirement and relevant only to commissioners. However, the potential for data to inform practice is often missed. This may be in part due to the frameworks that commissioners help establish. In this study we found little evidence that data was collected routinely to guide and inform practice. For example, it was difficult to: track families across interventions; establish which families were coming into the programme and for what reason/s; find out the pathway/s into the programme; and establish how decisions were taken and by whom as to which family members received which intervention at which points. The reasons for this appear to be related to the evaluation frameworks established by and on behalf of commissioners. In this case, the OBA framework was used as a means of collecting data and reporting on programme outputs and outcomes.

As a result, data collected focused on individual interventions as opposed to the synergy between the interventions and focused on outputs, such as the number of participants within each intervention; and focused on outcomes, such as the difference between baseline and endpoint measures. Whilst this data is useful, particularly for funders and policy makers who have a greater need for summary reports rather than family level detail, it is limited.

Additionally its potential to inform operational decisions is not being realised, particularly as the data is now shared with organisations every 6 months. Therefore, programmes and strategic leads should consider the rationale for data collection. If the aims are to communicate outputs and outcomes to a relatively small but important audience, then the current OBA framework is very useful. If however, timely decisions need to be taken about practice and macro-analysis needs to be undertaken related to the relationships within and between interventions then additional collection and reporting methods are required.

Capturing complexity and context

The approach of the CEIC acknowledges and highlights the importance of the context of interventions and the need for a systemic understanding of what may be happening for families. It may therefore also be useful to consider other possible areas of data which may be important to routinely collect that could provide crucial indicators of need and predictors of outcomes. Data collection is time-consuming and may not enhance the initial engagement process so there would have to be a clear justification for any further routinely collected data.

An aspect of the rationale for the CEIC is the recognition of the role of the social determinants of health (Marmot et al., 2010) and data on these factors are repeatedly presented at the community level. The negative impact of deprivation is not uniformly experienced by everyone in the area which suggests it may be useful, for both informing intervention and understanding outcomes, to collect some indicators of the social determinants at the individual and/or family level. The growing evidence of the importance of Adverse Childhood Experiences (Felitti et al., 1998) to outcomes provides another possible area for data collection.

For designing future evaluation and research there are also two further approaches which may be useful to consider. The first is realist evaluation which is specifically designed to refine complex programmes. “The basic question asked, and hopefully answered, is thus multi-faceted. Realist evaluations asks not, ‘What works?’ but asks instead, ‘What works for whom in what circumstances and in what respects, and how?’” (Pawson and Tilley, 2004, p. 2). Another approach is provided by the Medical Research Council’s (2008) Complex Interventions Guidance. It outlines the ideal process which involves developing, piloting, evaluating, reporting and implementing a complex intervention but also acknowledges that often evaluations are conducted in settings and circumstances which make following this more linear approach impossible; not all aspects of approaches are based on the best available evidence; often complex interventions are already in place, and interacting with many other components of complex systems. This guidance has been specifically developed to inform evaluation in these circumstances and could provide an important source of guidance for designing future services and their evaluation.
Consistency
Some of the key methodological challenges in this study related to inconsistencies in how information was coded and recorded. Each intervention outside of CNP had their own method of identifying participants. As such, it was difficult to track family members across provision. Whilst it may be the case that some families accessed multiple interventions, this analysis is significantly limited. Whilst CNP made progress towards standardising their range of interventions more than two years ago, this system of standardisation has not translated across into other organisations.

Therefore, it is not clear from the report card data, nor from the manual review of hard files if multiple members from the same family access interventions from more than one organisation. If the CEIC programme leads wish to understand practice at a meta-level, mechanisms need to be in place that will allow this to take place. Prospectively, it would be prudent to review processes and establish simple but effective ways in which the rich data that exists within CEIC can be used much more effectively.

CONCLUSIONS AND RECOMMENDATIONS

Engaging, supporting and improving outcomes for families who experience multiple adversities is complex. It is well established that single issue interventions cannot address all of these issues. CEIC has demonstrated a vision of improving outcomes at a neighbourhood level by facilitating a coordinated and joined up service. There has been significant investment in bringing evidence into practice and informing delivery based on what works. As a result, committed practitioners deliver a range of interventions, using a variety of techniques and facilitating them in several different settings.

This is a novel approach to early intervention and is currently under-evaluated.

Whilst the aim of this study was not to evaluate the effectiveness of the CEIC programme, the analysis of the raw data has illustrated some opportunities as well as challenges for those who wish to engage families with complex and concurrent needs through the implementation of a blended model of support.

The table below sets out a series of key findings, the lessons learned through this study and potential recommendations. They are situated across four domains: methodological; conceptual; commissioning; and delivery.
Table 5:
Summary of lessons and recommendations

<table>
<thead>
<tr>
<th>Domain</th>
<th>Key point</th>
<th>Lesson</th>
<th>Recommendation</th>
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<tbody>
<tr>
<td>Methodological</td>
<td>There is a dearth of datasets available from services within the community and voluntary sector. Access to this data has been historically difficult to review.</td>
<td>There are particular challenges facing the community and voluntary sector that are not often taken into account by researchers, academics and policy makers. These include the many existential threats to services and this can result in a culture of celebrating what works but not disseminating what didn’t work in practice.</td>
<td>Further investment is needed to understand the barriers for the community and voluntary sector around sharing data for the purposes of broader quality improvement and dissemination of ‘what works’ and ‘what doesn’t work.’</td>
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<td>Secondary analysis provides an efficient and cost-effective way to understand complex issues retrospectively with a view to addressing contemporary issues. However, the researcher has no control over the data collected and therefore opportunities to recode can be limited.</td>
<td>In this case, rather than answering a specific set of questions, the analysis highlighted gaps in data being collected.</td>
<td>CEIC could consider the gaps reflected upon in this study and decide whether or not it is feasible or desirable to update their systems and processes.</td>
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<td>In this study, the team only got access to the dataset at the point of preliminary analysis. The dataset was held by a third part and access was initially difficult. Despite seeking clarification around what data was collected and for what purpose, the most desirable data (tracking families) was not available. There are assumptions made by both practitioners and researchers and often the language used is not transferable.</td>
<td>Researchers interested in a dataset for a particular research problem should have access to the dataset during the design phase.</td>
<td>Consideration could be given to how data could be more accessible whilst also maintaining data protection and organisational standards.</td>
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<td>Conceptual</td>
<td>Blended approaches within programmes such as CEIC are not about increasing the number of interventions a family received. It is about ensuring the right interventions are available when families need them. Some families experience multiple adversities concurrently.</td>
<td>Further investigation is needed to understand the complex issues that families experience and how they could be better served by blended approaches.</td>
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<td>CEIC have invested in the implementation of a range of interventions each of which have a different target group and/or different desired outcome. This approach meet the variability of needs within the population they serve.</td>
<td>Programmes that wish to invest in blended model environments could strategically invest in interventions that provide sufficient variability in delivery and outcomes that match the needs of families in the local context.</td>
<td>Internally, an implementation framework could enhance how decisions are taken, particularly around the exploration for and implementation of new interventions. Externally, other programmes could benefit greatly from the learning achieved within CEIC if they wish to implement complex, joined up and blended interventions. CEIC could find new and innovative ways of sharing their learning.</td>
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<td>Complex social programmes such as blended models involve a process of concurrent implementation.</td>
<td>A systematic approach is needed to understand and enhance the different but complimentary domains of implementation within a blended environment (organisational, leadership and competency)</td>
<td>Future investigations should explore the viability of blended models within the context of an implementation science framework.</td>
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<td>There is some evidence from this study that families with the most complex needs could benefit most from a blended model.</td>
<td>Not all families require multiple component interventions. Other families however could benefit from a range of supports implemented concurrently to address variability of need within the family and between different members of the family.</td>
<td>There is a growing and convincing body of evidence on the utility of the blended model approach as a conceptual framework for multi-component sites. Consideration should be given to prospective and controlled studies in order to enhance our understanding of how such conceptual frameworks could enhance the outcomes for families experiencing acute adversity.</td>
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### Commissioning

| | Despite an increased awareness and investment in joined up commissioning, joined up delivery and joined up evaluation, there is currently no standardised method of collating pertinent information related to children, young people and families lives. Although many commissioned programmes have used standardised approaches to reporting (e.g. report card format), potentially insightful data is under-utilised as between groups analysis cannot be undertaken due to the diverse methods of coding. | Standardised approaches to recording and coding are needed. | Retrospective: That partners working in projects funded under the EITP umbrella programmes invest in a programme of recoding so that analysis can be undertaken beyond the micro project level.  
Prospective: That commissioners supports partners within the EITP funded programmes to identify and implement a standardised approach to collating information, including the use of a standardised unique identifier. |
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### Delivery

| | CEIC provides a unique environment to realise the potential of joined up working. | Joined up working is complex and dependent upon many internal organisational and external factors. | A strategic approach to navigate internal policies and protocols that reduce opportunities for joined up working could be explored.  
Complex cases require data to inform decisions and practice. There is evidence that the programme is reaching families in need of support and intervention. There is also some examples that some families are not in need of the specific components they have engaged in.  
A coherent and consistent decision making protocol is needed in order to define pathways into and out of the programme.  
Consideration should be given as to how the CEIC can implement a shared data system and develop a coherent and consistent system to make decisions based upon data being collected. |
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| | Each of the CEIC interventions use standardised measures to demonstrate outcomes. Some of these are validated measures. Measures can also be used to determine who needs what element of the programmes. | Validated measures are a resource to practitioners but are being under-utilised | Existing validated measures could be used to determine whether participants are in need of services being offered through CEIC. |
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### Delivery (Continued)

<table>
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<th>Data appears to be almost exclusively collated and used to meet commissioners’ needs. Whilst the OBA framework has certainly enabled the voluntary sector to evidence its outcomes, there may be additional methods needed to impact more significantly on practice.</th>
<th>Data should be collated, analysed and reported to demonstrate outcomes but also to inform decision making and practice.</th>
<th>Methods and mechanisms of complimenting the OBA report card framework could be considered in order to enhance the learning that exists within the programme. Processes within and between CEIC intervention could be reviewed in order to increase the utility of data being collected and the purpose of collecting that information.</th>
</tr>
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<tbody>
<tr>
<td>Data collection within the programme tends to be measurable and quantifiable (such as baseline and endpoint measures). The report card format does not clearly capture practitioner or participants stories or experiences.</td>
<td>A mixture of qualitative and quantitative data could enhance what we know about ‘what works’ to improve outcomes for families.</td>
<td>A mixed methods process evaluation could be useful in understanding how the programme is implemented and acceptability of participants engaged in the programme.</td>
</tr>
</tbody>
</table>

### REFERENCES


Understanding and addressing the concurrent needs of families living within the Colin area: A secondary analysis of Colin Early Intervention Community Report Card data.


